

***TRANSIT* Services of Frederick County**

Application for Disabled Reduced Fare Identification Card

SECTION I: GENERAL INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone (Home): (_____) _____ Check here if you use a TDD: _____
Date of Birth: ____/____/____

SECTION II: ELIGIBILITY INFORMATION

What is your disability? _____
Is your disability temporary? ____ yes, until ____/____/____ ____ no, it is permanent

Please attach written professional verification of your disability.

In order to qualify for reduced fare on the basis of your disability, you must provide written documentation of your disability from a physician, rehabilitation specialist, or other professional who is familiar with you and your disability. This verification must be typed on the professional's letterhead and must include the following information:

- *date it was written*
- *nature of your disability*
- *duration of your disability*
- *telephone number to contact the professional for verification*

If you do not already have written documentation, please have a professional complete TRANSIT's Professional Certification form, available from the TRANSIT office.

SECTION III: ASSISTANCE INFORMATION

If you use a wheelchair, scooter, or similar mobility device, please list:
Manufacturer: _____ Model: _____ Power source: _____
Total combined weight of you and your wheelchair in pounds: _____
Approximate dimensions in inches: width: _____ length: _____

Do you need any assistance in order to ride fixed-route transit? ____ no ____ yes
please describe: _____

Do you need the assistance of an attendant to travel? ___no ___yes ___sometimes
If yes or sometimes, name of attendant: _____

Do you use a service animal when you travel? ___no ___yes ___sometimes
If yes or sometimes, type of animal: _____
Training animal has received: _____

In person, do you communicate through spoken English? ___yes ___no -- If no, what method(s) you use to communicate (for example, other language, American Sign Language, lip reading)? _____

If you need published information in an alternate format, please specify:
___ large print ___ audio cassette ___ other (specify): _____
Do you read braille? ___yes ___no

Do you use a TDD/TTY when communicating by telephone? ___yes ___no

SECTION IV: CERTIFICATION

I certify that the above information is true and correct. I understand that TransIT may verify contact the professional who provided documentation of my disability to verify the documentation. I agree to abide by TransIT rules and regulations.

Signature: _____ Date: _____

If this application was completed by another individual on behalf of the Reduced-fare applicant, please complete the following:

Signature: _____ Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: Home: (_____) _____ Work: (_____) _____
Relation to applicant: _____

Present or mail application and documentation of disability to the TransIT Services of Frederick County, 1040 Rocky Springs Road, Frederick, Maryland 21702. The Transit office is open Mon-Fri 8 a.m. To 4 p.m. excluding County holidays. Telephone: (301) 600-2065 (voice) / TTY users dial Maryland Relay at 711.

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Professional Verification of Disability for Reduced Fare Eligibility

PART 1: TO BE COMPLETED BY THE APPLICANT

I hereby authorize the release of information requested on the following certification so that I may qualify for a reduced fare on the fixed-route transit services operated by TRANSIT Services of Frederick County. I authorize TRANSIT staff to contact the professional who completed this form if clarification of information is needed.

Name of Applicant: _____

Signature: _____ Date: _____

PART 2: TO BE COMPLETED BY THE PROFESSIONAL ONLY:

The individual named above has applied for reduced fare eligibility on TRANSIT's fixed-route transit services on the basis of his or her disability. This form requests your certification that the applicant does have disability. If you have any questions, please call the Operations Supervisor at (301) 600-2065 (voice) or for dial 711 for Maryland Relay.

Professional's Name: _____

Occupation/Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ (voice ____ or TDD ____)

I certify that the applicant individual named above has the following disability (please describe nature of his or her disability):

It is my professional opinion that this individual's disability is:

____ permanent ____ temporary (expected duration: _____)

Professional's Signature: _____ Date: _____

Thank you. Please return the completed form to the applicant or mail to: Operations Supervisor, TRANSIT Services of Frederick County, 1040 Rocky Springs Road, Frederick, Maryland 21702.